Caution: DRAFT FORM

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If you have any comments on this draft form, you can submit them to us on our web site. Include the word DRAFT in your response. You may make comments anonymously, or you may include your name and e-mail address or phone number. We will be unable to respond to all comments due to the high volume we receive. However, we will carefully consider each suggestion. So that we can properly consider your comments, please send them to us within 30 days from the date the draft was posted.

☐ CORRECTED ☐ PUBLICLY T	TRADED PARTNERSHIP	
PARTNERSHIP'S name, street address, city, state, and ZIP code.	2a Taxable income (loss) from	Partner's Share of Income (Loss) orom an Electing orge Partnership
PARTNERSHIP'S Employer I.D. number PARTNER'S identifying number	2b Qualified dividends	Copy A For
PARTNER'S name	3 Net capital gain (loss) from passive activities 4 Net capital gain (loss) from other activities	Service Center File with Form 1065-B.
Street address (including apt. no.)	5 Net passive AMT adjustment 6 Net other AMT adjustment	For Paperwork
City, state, and ZIP code Partner's share of liabilities: a Nonrecourse	7 General credits 8 Low-income housing credit 9 Other	Reduction Act Notice and instructions for completing this form, see the 2004 Instructions for Form 1065-B, U.S. Return of Income for Electing Large Partnerships.

Schedule K-1 (Form 1065-B) Cat. No. 25437H

Department of the Treasury - Internal Revenue Service

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